

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO. _____		FILING DATE _____	
						APPLICANT(S) _____			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
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47									
48									
49									
50									
TOTAL IND.									
TOTAL DEP.	10	←	←	←					
TOTAL CLAIMS	1								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS